

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	/		/				51		
2		/		/			52		
3		/		/			53		
4		/		/			54		
5		/		/			55		
6		/		/			56		
7		/		/			57		
8	/		/				58		
9		/		/			59		
10		/		/			60		
11		/		/			61		
12		/		/			62		
13		/		/			63		
14		/		/			64		
15		/		/			65		
16		/		/			66		
17		/		/			67		
18	(1)		/				68		
19	/		/				69		
20	/		/				70		
21	/		/				71		
22	/		/				72		
23							73		
24	/		/				74		
25	/		/				75		
26	/						76		
27	/		/				77		
28	/		/				78		
29	/		/				79		
30			/				80		
31			/				81		
32			/				82		
33			/				83		
34			/				84		
35							85		
36							86		
37							87		
38							88		
39							89		
40							90		
41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.							TOTAL IND.		
TOTAL DEP.							TOTAL DEP.		
TOTAL CLAIMS							TOTAL CLAIMS		